

EMPLOYMENT RECORD: List Below Last Four (4) Employers, Starting With Last One first.

Dates Employed	Name/Address of Employer	Hourly Rate	Position	Reason For Leaving
From: ___/___/___ To : ___/___/___				
From: ___/___/___ To : ___/___/___				
From: ___/___/___ To : ___/___/___				
From: ___/___/___ To : ___/___/___				

REFERENCES: List Below Three (3) Persons Not Related To You, Whom You Have Known At One (1) Year.

Name	Address/Telephone	Business	Years Acquainted

PHYSICAL RECORD: Do you have any physical condition which may limit your ability to perform the job applied for? _____ Yes _____ No

If so, please list details : _____

I authorize investigation of all statements contained in this application. I understand that any misrepresentations or omissions of facts called for is cause for dismissal. Furthermore, I understand and agree that my employment is for no definite period. An may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Applicant Signature: _____

DO NOT WRITE BELOW THIS SPACE

Interviewed By: _____ Date : ___/___/___

Remarks: _____

Neatness			
Personality			

Hired For Department: _____ Position: _____ Start Date: ___/___/___ Rate: \$_____/Hour

Approved: _____ Department Supervisor
Approved : _____ General Manager